

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

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NAME OF FILER (LAST) (FIRST) (MIDDLE) BY

BETTY SAMPSON

1. Office, Agency, or Court

Agency Name

Division, Board, Department, District, if applicable

Council Member
Your Position

► If filing for multiple positions, list below or on an attachment.

Agency: _____

Position: _____

2. Jurisdiction of Office (Check at least one box)

☐ State

☐ Judge (Statewide Jurisdiction)

☐ Multi-County _____

☐ County of _____

☒ City of IMPERIAL

☐ Other _____

3. Type of Statement (Check at least one box)

☒ Annual: The period covered is January 1, 2010, through December 31, 2010.

☐ Leaving Office: Date Left _____ (Check one)

The period covered is _____, through December 31, 2010.

☐ The period covered is January 1, 2010, through the date of leaving office.

☐ Assuming Office: Date _____

☐ The period covered is _____, through the date of leaving office.

☐ Candidate: Election Year _____ Office sought, if different than Part 1: _____

4. Schedule Summary

Check applicable schedules or "None."

► Total number of pages including this cover page: _____

☐ Schedule A-1 - Investments - schedule attached

☐ Schedule C - Income, Loans, & Business Positions - schedule attached

☐ Schedule A-2 - Investments - schedule attached

☒ Schedule D - Income - Gifts - schedule attached

☐ Schedule B - Real Property - schedule attached

☐ Schedule E - Income - Gifts - Travel Payments - schedule attached

-or-

☐ None - No reportable interests on any schedule

5. Verification

(d)(5)

Date Signed

3-30-2011
(month, day, year)

Signature

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
AMENDMENT

STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

A Public Document

Date Received
Official Use Only

RECEIVED
JUL 07 2011

BY: llg
(MIDDLE)

Please type or print in ink.

NAME OF FILER

(LAST)

(FIRST)

(MIDDLE)

1. Office, Agency, or Court

Agency Name

Division, Board, Department, District, if applicable

Your Position

► If filing for multiple positions, list below or on an attachment.

Agency: _____

Position: _____

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☐ State

☐ Judge (Statewide Jurisdiction)

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☐ County of _____

☒ City of IMPERIAL

☐ Other _____

3. Type of Statement (Check at least one box)

☒ Annual: The period covered is January 1, 2010, through December 31, 2010.

☐ Leaving Office: Date Left ____/____/____
(Check one)

The period covered is ____/____/____, through December 31, 2010.

☐ The period covered is January 1, 2010, through the date of leaving office.

☐ Assuming Office: Date ____/____/____

☐ The period covered is ____/____/____, through the date of leaving office.

☐ Candidate: Election Year _____ Office sought, if different than Part 1: _____

4. Schedule Summary

Check applicable schedules or "None."

► Total number of pages including this cover page: 2

☐ Schedule A-1 - Investments - schedule attached

☐ Schedule C - Income, Loans, & Business Positions - schedule attached

☐ Schedule A-2 - Investments - schedule attached

☒ Schedule D - Income - Gifts - schedule attached

☐ Schedule B - Real Property - schedule attached

☐ Schedule E - Income - Gifts - Travel Payments - schedule attached

-or-

☐ None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS
(Business or Agency Address)

DAYTIME TELEPHONE NUMBER

760,339-9340

I have used all reasonable diligence in preparing this statement. I have reviewed and verified the information herein and in any attached schedules is true and complete. I acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 7-6-2011
(month, day, year)

Signature

SCHEDULE D Income – Gifts

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION AMENDMENT

NAME OF SOURCE <u>Townsend Public Affairs</u>		
ADDRESS (Business Address Acceptable) <u>2699 White Rd. St 251 Irving</u>		
BUSINESS ACTIVITY, IF ANY, OF SOURCE <u>LOBBIST.</u> <u>92614</u>		
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>9/15/10</u>	<u>\$ 5000</u>	<u>DINNER</u>
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

NAME OF SOURCE		
ADDRESS (Business Address Acceptable)		
BUSINESS ACTIVITY, IF ANY, OF SOURCE		
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

NAME OF SOURCE		
ADDRESS (Business Address Acceptable)		
BUSINESS ACTIVITY, IF ANY, OF SOURCE		
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

NAME OF SOURCE		
ADDRESS (Business Address Acceptable)		
BUSINESS ACTIVITY, IF ANY, OF SOURCE		
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

NAME OF SOURCE		
ADDRESS (Business Address Acceptable)		
BUSINESS ACTIVITY, IF ANY, OF SOURCE		
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

Verification	
Print Name _____	
Office, Agency or Court _____	
Statement Type	<input type="checkbox"/> 2010/2011 Annual <input type="checkbox"/> _____ Annual <input type="checkbox"/> Assuming <input type="checkbox"/> Leaving <input type="checkbox"/> Candidate
I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.	
Date Signed	_____ (month, day, year)
Signature _____	

Comments: _____